Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000298264 3)))



H230002982643ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JONES FOSTER P.A.

Account Number : 076077003231 Phone : (561)650-0471

Fax Number

: (561)650-5300

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **.

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

T.G. LYBASS LIMITED PARTNERSHIP

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$52.50	

Electronic Filing Menu — Corporate Filing Menu

Help

T. LEMITUX

بب ယ္သ

AUG 2 9 2023

P 2/5 H230002982643

COVER LETTER

Division of O	Section Corporations			
SUBJECT: T.G. LY	BASS LIMITED PARTN	ERSHIP		
Ni Ni	BASS LIMITED PARTN unic of Florida Limited Pa	rtnership or Limite	d Liabili	ty Limited Partnership
The enclosed Certifi	cate of Amendment a	ınd fec(s) are su	bmitted	for filing,
	respondence concerni			-
Jordan Johanson				
	Contact Person			
Jones Foster, P.A				
	Firm/Company	-	_	
505 South Flagler Drive	, Suite 1100			
	Address	-	_	
West Palm Beach, FL 3	3401			
(Dity, State and Zip Code	 -		
Goethcjt@gmail.com				
E-mail address: (to	be used for future annual	report notification)	
For further informati	on concerning this ma	atter, please call	-	
Jordan Johansen		31 (⁵ 6)	650-	0432
Name of Contac	21 Person	Area Code	and Day	0432 time Telephone Number
Enclosed is a check f	for the following amo			
S52.50 Filing Fee	☐\$61.25 Filing Fee and Cortificate of Status	☐\$105,00 Filing and Certified C		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Regis Divis The C 2415	lentre o N. Mon	

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

T.G. LYBASS LIMITED PARTNERSHIP		
Insert name currently on	file with Florida Department of State	
Pursuant to the provisions of section 620 1202, I limited liability limited partnership, whose certified partnership, assigned Florida and the fell in the section 620 1202, I limited liability limited partnership, whose certified partnership is a section 620 1202, I limited liability limited partnership, whose certified liability limited partnership is a section 620 1202, I limited liability limited partnership, whose certified liability limited partnership, whose certified liability limited partnership is a section 620 1202, I limited liability limited partnership, whose certified liability limited partnership is a section 620 1202, I limited liability limited partnership is a section 620 1202, I limited liability limited partnership is a section 620 1202, I limited liability limited partnership is a section 620 1202, I limited liability limited partnership is a section 620 1202, I limited liability limited partnership is a section 620 1202, I limited liability limited partnership is a section 620 1202, I limited liability limited partnership is a section 620 1202, I limited liability limited partnership is a section 620 1202, I limited liability limited liabilit	ficate was filed with the Florida Departme orida document number A99000002155	ership or at of State on
adopts the following certificate of amondment to	outs certificate of limited partnership.	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the here:	limited partnership or limited liability limit	ed partnership
New name must be distinguis	shable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnership suffixes: Acceptable Limited Liability Limited Partnership suffixes: B. If amending mailing address and/or principal office address here:	ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L. L.ÆP, or	حدب
principal office address here.		٠,٠
New Principal Office Address: (Must be STREET address)	Morriston, FL 32668	<u>=</u>
New Mailing Address: (May be past office box)	P.O. Box 3027 Danuellon, FL 34430-3027	ω ε
C. If amending the registered agent and/or registered agent and/or the new registered office ac	red office address on our records, <u>enter the n</u> idress here:	nme of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
 -	City Zip Code	<u>.</u>

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to	
comply with the provisions of all statutes relative to the proper and complete performance of my diales, an	
am familiar with and accept the obligations of my position as registered agent.	KT I
by the second and second in the second in th	

<u> </u>	Name	Address	Type of Action
			
			
			-
			□ Remove
			□ Add
			———— □ Add
			☐ Remove
			
			et et et e
		+	

Page 2 of 3

F. If amending any other infor	madon, enter cos	inge(s) nere: (Aliach (iaaitional sheeis, if necessary,
		·	
			·
 ,,,,			
Effective date, if other than the date	e of filing.	<u>.</u>	
Effective date, if other than the date (Effective date cannot be prior to nor mor State.)	e than 90 days after	the date this document i	s filed by the Florida Departmen
Note: If the date inserted in this block doc he listed as the document's effective date	is not meet the appli on the Department o	cable statutory filing req of State's records.	uirements, this date will not
Signature(s) of a general partner	or all general p	artners*:	
(*NOTE: Only one current general partie removing a "limited liability limited partie when adding or removing a "limited liability limited liability."	erslup" election state	ament Chanter 620, F.S.	e limited parmership is adding or prequires all general parmers to:
Devel Mas	Δ		
Ü			
		 -	
Signature(5) of all new or dissocia	iting general se	etnavis) if any	
social state of dissocia	шие денегиг рап	riner(s), n any.	
			
			
			
13 · · · · · · · · · · · · · · · · · · ·			
	\$ 52 ,50 \$52,50		
Certificate of Status (optional):	\$8.75		